Psychotherapy, including autogenic therapy, behavior therapy, relaxation therapy etc., is the most important treatment for these ED patients. Aged ED is caused by organic changes with senile degeneration such as cavernovascular arteriosclerosis, decline of androgenic hormones, nervous dysfunction by physical conditions with DM, hypertension, cardiac disease, cancer, etc.
Pharmacotherapy of phosphodiesterase (PDE)-5 inhibitor (sildenafil, vardenafil, etc.) with medical physical treatments is the most important one for these aged ED patients.
Pharmacotherapy of Viagra, Levitra, etc., is also very useful for young adult ED, too; however, it is not so effective for subconscious/unconscious profound psychogenia such as ED with traumatic injury in early life history and problems on the development of mental relationship.

32302 — A male climacterium clinic in Japan

Ishikura F

In contrast to women, men do not experience a sudden cessation of gonadal function comparable with menopause. However, there is a progressive reduction in hypothalamic–pituitary–gonadal (HPG) axis activity in aging men: Testosterone levels decline. Such progressive HPG axis hypofunctioning is thought to be responsible for some signs and symptoms that are common in elderly men, such as fatigue, reduced muscle and bone mass, sexual dysfunction, and depression. Testosterone replacement in men with age-related mild hypogonadism is not apparently effective in reversing these symptoms. Although hypogonadism is not central to major depressive disorder, HPG hypofunction may have a etiological importance in mild depressive conditions, such as dysthymia.
Recently, erectile dysfunction and nonspecific complaints, such as insomnia, headache, vertigo, shoulder stiffness, palpitation, chest pain, hyperventilation, cold sweat, diarrhea, constipation, cold constitution, and so on, are very common in middle aged-men like postmenopausal women. To address this phenomenon, we set up a male climacterium clinic in Japan. The chief complaint of about 30% of patients was erectile dysfunction, and they asked the possibility and safety of taking the medication for erectile dysfunction like sildenafil citrate or valdenafil hydrochloride. The other 70 % patients complained of nonspecific complaints, depressed mood, and anxiety.
We will present the clinical status of male climacterium in Japan without testosterone replacement therapy.

32303 — Difficult factors on sex therapy for vaginismus

Ohkawa R

Female disorders of vaginal penetration, so-called vaginismus, are very complicated syndrome. Some patients show involuntary spasm of vagina, but others do not. The latter patients tend to have severe phobia for insertion. Psychological causes, background, and prognosis are also various. Within 176 patients of vaginismus which the author treated from 1987 to 2003, 68 cases, 39%, were succeeded to intercourse but 52(30%) dropped out. In this study, I compared several factors of patients of both groups to find out difficult factors of sex therapy of vaginismus.
Results: In the cure group (Group 1), 63 out of 68 cases, 93%, had therapy for the couples. On the other hand, only 69% of partners joined therapy in the dropout group (Group 2). In Group 2, more partners had primary or secondary male sexual dysfunction than in Group 1. Several patients of Group 2 had severe vaginismus with serious phobia or psychological complication and could not progress behavioral therapy. In another case of Group 2, divorce or moving was the reason of stop therapy.
Conclusion: Both the patients' and the partners' problems and also their cooperation are important factor of therapy. More intervention to the male partners should be available. For the female patients, managing for phobia should be improved.

32304 — Transgenderism in Japan: a look at Japan's new GID law

Higashi Y

In the past 10 years, several significant events surrounding transgender people in Japan have occurred. The Japanese Society of Psychiatry and Neurology established guidelines for the diagnosis and the treatment of gender identity disorder (1997), the first publicly announced sex reassignment surgery was conducted with recognition from an ethics committee of a private university as a justified medical procedure (1998), a transgender was elected to the Setagaya Ward Congress (2003), and a law allowing postoperative transsexuals to change the gender on their "koseki" (a family registration) passed the Diet (2003) and is currently being enacted (from July, 2004). During this time period, the public profile of transgender people expanded, and now, it is not only about "sex subcultures" but also about "medical and human rights issues". However, there are voices in the transgender community that argue these changes that have resulted from the medicalization of transgenderism amount to a "Pyrrhic Victory." In this presentation, I illustrate the current climate of transgenderism and the concerns of transgenders in Japan. I will introduce and discuss the ethical issues surrounding the new transsexual law and highlight how the law affects the sexual/reproductive health/rights of transgender people in Japan.

32305 — Psychosocial problems of HIV infected people in Japan

Yamanaka K

In many countries, HIV/AIDS becomes a serious health problem. In Japan, the number of HIV infected people has been increasing especially among younger generation although national and local governments have repeatedly conducted campaigns for prevention. Some of Japanese epidemiologists warn that "the second wave of infection" has come.
In Japan, many kinds of anti-HIV drugs are presently available in general medical institutions. Hence, the death rate due to HIV/AIDS has decreased among HIV infected people who have continuously received anti-HIV drug treatment. HIV/AIDS becomes a "chronic illness" in Japan. As a result of this change, HIV-infected people are now facing various life problems instead of "death and dying".
Since 2000, the author has conducted several qualitative studies on psychosocial problems experienced by HIV-infected people who have received anti-HIV drug treatment. In an interview research for HIV infected people, they told that their motivation and mood in a daily life were easily infected by various side effects from anti-HIV drugs. Once they start this treatment, they have to continue taking drugs for long time. They felt that they were "controlled and ruled" by drugs. They also told the treatment saved their lives but blocked their lives too. Their "minds" and "bodies" are ambivalently infected by the treatment.
The treatment enables HIV-infected people to live long. This clarifies the necessity to enhance various facets of QOL, including their sexual life. This presentation will report on this matter and introduce some results from other researches.

The role of evidence-based counseling and coping PSD stress

32501 — Social skills training in coping PSD stress

Shimada H

Stress management could be divided into four intervention techniques as follows; (i) to control environmental stimuli, (ii) to modify one's cognitive appraisal, (iii) to modify coping process to stressful situations, and (iv) to reduce one's stress responses directly. In particular, social skills are an important coping resource because of the pervasive role of social functioning in human adaptation. Social skills facilitate problem-solving in conjunction with other people. Gresham (1998) presented the social skills classification model. Social skills acquisition deficits refer to the

absence of knowledge for executing particular social skills even under optimal conditions. Social performance deficits represent the presence of social skills in a behavioral repertoire, but the failure to perform them at acceptable levels in given situations. A third type of deficit might be called a fluency deficit in which one knows how to and want to perform a given social skill, but renders an awkward or unpolished performance. Social skills training based on classification model revealed that these approaches might be an effective technique for reducing psychological stress responses.

32502 — Cognitive restructuring approaches in coping PSD stress
Kamimura E

Cognitive restructuring approaches to psychosomatic disease (PSD) have focused on the role of individual differences in the function of automatic thoughts, consisting of following the three processes: selective attention, inferring causation and cognitive appraisal. They also pay special attention to several cognitive coping strategies in determining behavioral and emotional responses to stressful situations. Considerate conceptualizing of each case in cognitive models and careful tailoring various cognitive–behavioral techniques help the therapists empower PSD patients to manage their irrational anxieties, anger, and depressive moods.

32503 — Assertion training in coping PSD stress
Uchiyama K

Among varieties of sources causing psychosomatic diseases (PSD), stress in one of those known best, while assertion training represents a prototype for developing social skills of coping stressful situations, effective in the prevention and alleviation of PSD proficiently. These skills may be learned through a combination of modeling, rehearsal, feedback, and transfer. Schwartz and Gottman analyzed assertion into three components: (i) cognitive, e.g., knowledge on assertiveness; (ii) behavioral, e.g. response patterns; and (iii) physiological, e.g. increase in heart rate (Schwartz and Gottman, 1976), (iv) emotional component, e.g., competitive spirit, however, could be added.
A combination of skills applicable in various social situations is learned in assertiveness training. They typically include (a) autogenic training or relaxation response to alleviate anxieties produced in such situations; (b) self-talk to affirm the legitimate assertion; and (c) behavior skills to physically assert his or her own self, requesting clarification, and the like (Bower and Bower, 1976). These skills mentioned above, when sufficiently mastered, will provide the individual the methods for enhancing the care received (Howe, 1981), diminish social anxieties, control anger, facilitate social interactions to implement the behaviors resulting successful behavior changes and eventually play the role of therapeutic intervention.

Some characteristic features of female psychosomatic disorders

32601 — Psychosomatic obstetrics and gynecology in Japanese adolescents
Komura H, Ohtsuki Y, Miyake A

Japanese adolescent females have a variety of psychosomatic problems that contain various reasons of amenorrhea, increasing sexual activities, increasing induced abortion, and sexual assault. In this paper, these problems are discussed.
The prevalence of eating disorders is rapidly increasing in Japan as well as in Western countries. Amenorrhea, one of the cardinal features of anorexia nervosa (AN), is the most likely reason for consulting the gynecologist. Osteopenia is a potentially irreversible complication of prolonged amenorrhea and a low estrogen state. We have investigated the menstrual restoration in patients with AN. The duration of amenorrhea before hormonal treatment was the main prognostic factor for the recovery of menstrual cycle in patients with AN. We also have examined the lumbar bone mineral density. Studies have found that the degree of osteopenia depends on the duration of low body weight and also amenorrhea. The etiology of osteopenia in AN is related to a combination of poor nutrition, low body weight, estrogen deficiency, elevated cortisol, and excessive exercise.
The sexual behavior of adolescent boys and girls has become active in Japan. The number of induced abortion in Japanese teenage girls is increasing year after year since 1995. Sexually transmitted disease, especially Chlamydia trachomatis, is also spreading in young ages in Japan, as well as Western countries. The activation of such a sexual behavior affects psychosomatics of adolescent boys and girls and causes various problems.

32602 — Autonomic nervous system activity in the late luteal phase of eumenorrheic women with premenstrual symptomatology
Matsumoto T, Ushiroyama T, Morimura M, Moritani T, Hayashi T, Suzuki T, Tatsumi N

A majority of women of reproductive age experience a regular recurrence of various symptoms in the premenstrual phase. The etiopathogenesis of premenstrual symptomatology, however, remains inconclusive. The present study was proposed to evaluate whether the activity of the autonomic nervous system (ANS), which largely contributes to the relative stability of a human's internal environment, is altered during the menstrual cycle of women with premenstrual symptomatology. Thirty eumenorrheic young women participated in this study. All participants were investigated during the follicular and late luteal phases. The ANS activity was assessed by means of heart rate variability power spectral analysis during supine rest. No intramenstrual cycle differences in the ANS activity were found in women experiencing no or small increases in premenstrual symptoms. In contrast, the sympathetic nervous system (SNS) activity significantly increased and the parasympathetic nervous system (PNS) activity apparently decreased in the late luteal phase in participants whose premenstrual symptomatology was not unbearable, but substantially increased (>20%) compared with the symptom-free follicular phase. The women with greater degrees of premenstrual distress possessed higher SNS activity and lower PNS activity in the late luteal phase than the women with less symptomatology. The ANS activity in the follicular phase did not differ among the participants regardless of their premenstrual symptoms. Although causes and consequences continue to elude, the present study provides additional intriguing evidence that the altered functioning of ANS in the late luteal phase could be associated with diverse psychosomatic or behavioral symptoms appearing premenstrually.

32603 — Postpartum psychosomatic disorders: stress in postpartum Japanese women
Kiuchi C

In postpartum, women often manifest mental symptoms, including depression, anxiety, and irritability. According to one report, over 30% of Western women experience such disorders. In my experience, however, pathological symptoms, including temporary "maternity blues," occur in less than 5%. Despite a dramatic increase in the number of Japanese women who attend university and enter the workforce, the notion that women should quit work after marriage and prioritize childcare still prevails. The government has implemented a policy called "healthy and sound parents and children 21" to arrest the declining birthrate and is rapidly improving childcare assistance programs and facilities. Undoubtedly, however, gender differentiated roles, deeply rooted in Japanese consciousness, put stress on child raising by women. Once they become mothers, women are expected to raise their children unassisted. Many people, especially members of the older generation, frown upon the use of a babysitter. In Japan's vertical society, grandparents often meddle in a couple's child-rearing practices, making it difficult for women to raise children, relieve work-induced stress,